

DMV Lane Technician Observation Report

DMV Technician: <u>Tom Teoley</u>		Position: <u>1 or 2</u>	
Station: <u>GT</u>	Date: <u>2-19-14</u>	Time: <u>1:21</u>	
Vehicle Make: <u>Honda</u>	Model: <u>Accord</u>	Year: _____	
GVWR: _____	Fuel Type: <u>G</u>	Registration Number: <u>738194</u>	
Auditor: <u>Dossett</u>		Covert/ <u>Overt</u> (circle one)	
	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	✓		
2. Was Emissions testing required?	✓		
a) Was Emissions testing performed using OBD?		✓	
b) Was Emissions testing performed using Analyzer Probe?	✓		
c) Was Emissions testing performed using Paddle(s)?		✓	
d) Was Emissions testing performed using Clip?		✓	
3. Was Catalytic Converter inspection required?		✓	
a) Was Catalytic Converter inspection performed?			✓
4. Was Fuel Tank pressure testing required?		✓	
a) Was Fuel Tank pressure testing performed?			✓
5. Was Fuel Cap pressure testing required?		✓	
a) Was Fuel Cap pressure testing performed?			✓
6. Is this test a Re-check from a prior failure?		✓	
a) Which re-check test is being performed? 1 2 3 (circle one)			✓
b) If this is re-check #3, was repair paperwork verified for waiver?			✓
New Castle and Kent Counties Only			
7. Was Two-Speed Idle testing required?		✓	
a) Was Two-Speed Idle testing performed?			✓
Sussex County Only			
8. Was Curb Idle testing required?	✓		
a) Was Curb Idle testing performed?	✓		
Comment:			
Lane Supervisor Signature: _____			

Revised 04/12/2013

DMV Lane Technician Observation Report

DMV Technician: <u>CARLO ROO1422</u>		Position: <u>Dor 2</u>	
Station: <u>GT</u>	Date: <u>2-19-14</u>	Time: <u>12:40</u>	
Vehicle Make: <u>HONDA</u>	Model: <u>CIVIC</u>	Year: <u>2005</u>	
GVWR:	Fuel Type: <u>G</u>	Registration Number: <u>410744</u>	
Auditor: <u>DOSSERT</u>		<u>Covert</u> / <u>Overt</u> (circle one)	
		YES	NO
1. Did technician check vehicle paper work and verify VIN number?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Was Emissions testing required?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
a) Was Emissions testing performed using OBD?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Was Emissions testing performed using Analyzer Probe?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Was Emissions testing performed using Paddle(s)?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
d) Was Emissions testing performed using Clip?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Was Catalytic Converter inspection required?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Was Catalytic Converter inspection performed?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Was Fuel Tank pressure testing required?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Was Fuel Cap pressure testing required?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Is this test a Re-check from a prior failure?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Which re-check test is being performed? 1 2 3 (circle one)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) If this is re-check #3, was repair paperwork verified for waiver?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
New Castle and Kent Counties Only			
7. Was Two-Speed Idle testing required?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Was Two-Speed Idle testing performed?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sussex County Only			
8. Was Curb Idle testing required?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
a) Was Curb Idle testing performed?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comment:			
Lane Supervisor Signature: _____			

Revised 04/12/2013

DMV Lane Technician Observation Report

DMV Technician: <u>KEVIN HORSLEY</u>		Position: <u>1</u> or 2	
Station: <u>GT</u>	Date: <u>2-19-14</u>	Time: <u>12:30</u>	
Vehicle Make: <u>Ford</u>	Model: <u>F150</u>	Year: <u>1998</u>	
GVWR: <u>5550</u>	Fuel Type: <u>G</u>	Registration Number: <u>C81686</u>	
Auditor: <u>DOSSERT</u>		<input checked="" type="radio"/> Covert <input type="radio"/> Overt (circle one)	
		YES	NO
1. Did technician check vehicle paper work and verify VIN number?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Was Emissions testing required?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
a) Was Emissions testing performed using OBD?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Was Emissions testing performed using Analyzer Probe?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Was Emissions testing performed using Paddle(s)?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
d) Was Emissions testing performed using Clip?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Was Catalytic Converter inspection required?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Was Catalytic Converter inspection performed?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Was Fuel Tank pressure testing required?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Was Fuel Cap pressure testing required?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Is this test a Re-check from a prior failure?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Which re-check test is being performed? 1 2 3 (circle one)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) If this is re-check #3, was repair paperwork verified for waiver?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
New Castle and Kent Counties Only			
7. Was Two-Speed Idle testing required?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Was Two-Speed Idle testing performed?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sussex County Only			
8. Was Curb Idle testing required?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
a) Was Curb Idle testing performed?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comment:			
Lane Supervisor Signature: _____			

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DMV Lane Technician Observation Report

DMV Technician: <u>LES BRISON</u>		Position: <u>1</u> or 2	
Station: <u>GT</u>		Date: <u>2-19-14</u>	Time: <u>1:10</u>
Vehicle Make: <u>BUICK</u>		Model: <u>CENTURY</u>	Year: <u>2003</u>
GVWR:	Fuel Type: <u>G</u>	Registration Number: <u>699985</u>	
Auditor: <u>DOSSETT</u>		<u>Covert</u> / <u>Overt</u> (circle one)	
		YES	NO
1. Did technician check vehicle paper work and verify VIN number?		<input checked="" type="checkbox"/>	
2. Was Emissions testing required?		<input checked="" type="checkbox"/>	
a) Was Emissions testing performed using OBD?			<input checked="" type="checkbox"/>
b) Was Emissions testing performed using Analyzer Probe?		<input checked="" type="checkbox"/>	
c) Was Emissions testing performed using Paddle(s)?			<input checked="" type="checkbox"/>
d) Was Emissions testing performed using Clip?			<input checked="" type="checkbox"/>
3. Was Catalytic Converter inspection required?			<input checked="" type="checkbox"/>
a) Was Catalytic Converter inspection performed?			<input checked="" type="checkbox"/>
4. Was Fuel Tank pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?			<input checked="" type="checkbox"/>
5. Was Fuel Cap pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?			<input checked="" type="checkbox"/>
6. Is this test a Re-check from a prior failure?			<input checked="" type="checkbox"/>
a) Which re-check test is being performed? 1 2 3 (circle one)			<input checked="" type="checkbox"/>
b) If this is re-check #3, was repair paperwork verified for waiver?			<input checked="" type="checkbox"/>
New Castle and Kent Counties Only			
7. Was Two-Speed Idle testing required?			<input checked="" type="checkbox"/>
a) Was Two-Speed Idle testing performed?			<input checked="" type="checkbox"/>
Sussex County Only			
8. Was Curb Idle testing required?		<input checked="" type="checkbox"/>	
a) Was Curb Idle testing performed?		<input checked="" type="checkbox"/>	
Comment:			
Lane Supervisor Signature: _____			

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DMV Lane Technician Observation Report

DMV Technician: <u>Jordan Chapman Poore</u>		Position: <u>For 2</u>	
Station: <u>GT</u>	Date: <u>2-19-14</u>	Time: <u>12:54</u>	
Vehicle Make: <u>Honda</u>	Model: <u>Accord</u>	Year: _____	
GVWR: _____	Fuel Type: <u>G</u>	Registration Number: <u>ALIVE 2</u>	
Auditor: <u>Dossert</u>		<input checked="" type="radio"/> Covert / <input checked="" type="radio"/> Overt (circle one)	
		YES	NO
1. Did technician check vehicle paper work and verify VIN number?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Was Emissions testing required?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
a) Was Emissions testing performed using OBD?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Was Emissions testing performed using Analyzer Probe?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Was Emissions testing performed using Paddle(s)?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
d) Was Emissions testing performed using Clip?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Was Catalytic Converter inspection required?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Was Catalytic Converter inspection performed?		<input type="checkbox"/>	<input type="checkbox"/>
4. Was Fuel Tank pressure testing required?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?		<input type="checkbox"/>	<input type="checkbox"/>
5. Was Fuel Cap pressure testing required?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?		<input type="checkbox"/>	<input type="checkbox"/>
6. Is this test a Re-check from a prior failure?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Which re-check test is being performed? 1 2 3 (circle one)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) If this is re-check #3, was repair paperwork verified for waiver?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
New Castle and Kent Counties Only			
7. Was Two-Speed Idle testing required?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
a) Was Two-Speed Idle testing performed?		<input type="checkbox"/>	<input type="checkbox"/>
Sussex County Only			
8. Was Curb Idle testing required?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
a) Was Curb Idle testing performed?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comment:			
Lane Supervisor Signature: _____			

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